

Religious Behavior, Sleep Quantity, Sleep Quality, and Sleep Disorders in American Adults

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Khalsa and others have reported benefits of spiritual practices in the management of poor sleep quality.^{1,2} But little is known about the relationship of religious practice and sleep quality in the US general population³. To test the hypothesis that those who frequently attend religious services have better sleep quality than others, data from 3,025 adults, older than 40 years old, in a 2005–2006 national survey⁴ were examined to relate short sleep duration of less than 7 hours, poor sleep, and diagnosed sleep disorder to frequency of attendance at religious services (FARS) (more than or equal to versus less than weekly). Due to interactions with age, logistic regression was performed within age groups (40–59, 60–89 and older) adjusting for age (years) and gender,⁵ or age, gender, race (black, nonblack), ethnicity (Hispanic, non-Hispanic), education (less than high school, more than or equal to high school), and self-reported health status (fair/poor, good/very good/excellent).⁶

Adjusted odds ratios (OR) comparing more than or equal to a weekly basis FARS with less than weekly basis FARS, did not differ significantly at the $p < 0.01$ level from 1.0 for short sleep, poor sleep, or sleep disorder. Only for short sleep in persons aged 40–59 years old did an inverse association in the second model approach that level of significance (OR = 0.75, 95% CI 0.59–0.94, $p = 0.018$). Further analyses revealed an interaction with gender in that group such that in women, the OR = 0.58, 95% CI 0.41–0.81, $p = 0.004$, but in men OR = 0.97 (0.66–1.44, $p = 0.88$). In conclusion, FARS was inconsistently and generally not significantly associated with three measures of sleep. Further research on other dimensions of religiousness may clarify the role of varied spiritual practices in behavioral health service delivery.

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Views expressed in this manuscript are the author's and not necessarily those of Howard University College of Medicine.

Journal of Behavioral Health Services & Research, 2013. 133–134. © 2012 National Council for Community Behavioral Healthcare. DOI 10.1007/s11414-012-9309-8

Conflict of Interest The author has no conflicts of interest to disclose.

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